

Bioanalyzer Chip Usage Form

Date: _____

Name: _____

PI Name: _____

Account #: _____

Billing Contact: _____

Billing Address: _____

Bioanalyzer Chips Used (enter number): DNA High Sensitivity____ DNA 1000____ DNA 7500____

RNA Nano____ RNA Pico____

Any problems encountered with Bioanalyzer during run?

GTF Notes:

Date Billed: _____

